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DECLADATION		Attorney Docket	Number	15869/01					
	FOR UTILITY OF SIGN	First Named Inve	entor	Staub, Jeff	rey M				
	PPLICATION	co	COMPLETE IF KNOWN						
	R 1.63)	Application Numb	per						
·	_	Filing Date							
X Declaration Submitted OR	■ Declaration Submitted after Initi	ial Group Art Unit							
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	Examiner Name						
As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method for the transformation of plant cell plastids									
the specification of which X is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C	opy Attached?				

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) Additional provisional application numbers are listed on a 60/199,774 04/26/2000 supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Num Number (MM/DD/YYYY) (if applicable)													
		PCT international applic											
As a named inventor, I hereby appoint the following registered practioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number OR X Registered practitioner(s) name/registration number listed below Label here										omer Code			
	Nam			Registi Num	ation	,	9.0	Naπ				stration mber	
Thomas P	. McE	Bride	32,70				Time	thy K. B	all		42,28	7	
Lawrence	M. L	avin, Jr	30,70	68			Mart	ha J. Yat	es		47,194	4	
Dennis R.			30,9										
Additional	registere	d practitioner(s) named or	n supple	mental I	Registere	d Pract	itioner In	ormation she	etPTO/	SB/02C	attached here	to.	
Direct all corr	respond	ence to: Custom or Bar C						OR	<u></u> с	orrespo	ndence add	ress below	
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City	St. L	ouis				s	State MO ZIP 6316			7			
Country			Tel	ephon	e 636-	- <u>7</u> 37-	737-7685 Fax 636-				737-6047		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by line or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sc	Name of Sole or First Inventor:									ntor			
G	Given Name (first and middle [if any]) Family Name or Surname												
Jeffrey M Staub													
Inventor's Signature											Date		
37711		State MO		Τ.	Country USA					USA			
								ODA					
	Post Office Address 591 McBride Pointe Drive												
Post Office A	ddress				T-	_							
City		Wildwood State	MO		ZIP	63	011		Cou	intry			
\square Additional inventors are being named on the $\frac{1}{2}$ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:											
Given Nar	1)	Family Name or Surname									
Guangning Ye											
Inventor's Signature	Date										
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City	Ellisville	State	МО		ZIP 6	3011	Count	гу			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Nar	me (first and middle [if any])				Family Nar	ne or	Surname			
Debra				В	royles						
Inventor's Signature			<u> </u>					Da	ite		
Residence: City	Wright City	State	МО		Country	USA		Citize	nship	USA	
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Post Office Address											
City	Wright City	Stat	МО		ZIP	63390	Cou	ntry			
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for t	nis unsig	ned inv	entor	
Given Name (first and middle [if any]) Family Name or Surname											
·									_		
Inventor's Signature	Date										
Residence: City		State		Country			Citizenship				
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